



TEXAS DEPARTMENT OF HEALTH
LICENSING AND ENFORCEMENT DIVISION

FOOD/DRUG SALVAGE

SALVAGE ESTABLISHMENT/SALVAGE BROKER APPLICATION
(Health and Safety Code, Chapter 432)

Return both the completed application, and non-refundable fee made payable to
TEXAS DEPARTMENT OF HEALTH, in the envelope provided or mail to:
Texas Department of Health, P. O. Box 12008, Austin, Texas 78711.
You may visit our website at: www.tdh.state.tx.us/bfds

BUDGET: 7B706
FUND: 159
LICENSE # :

If you salvage any medical devices, contact this office at (512) 719-0246 for the correct application.

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: _____

Address(s) of Salvage Warehouse(s) used by the Salvage Establishment/ Broker: _____

Type of Operation:

☐ Salvage Establishment

☐ Salvage Broker

Type of Salvage: Check all that apply:

☐ Food

☐ Drug (Prescription)

☐ Drug (OTC)

☐ Cosmetic

G EXEMPTION FROM LICENSURE FEES: A person must license but is exempt from fees imposed under Chapter 432 if the person is a nonprofit organization under 26 U.S.C. Section 501(C)(3).

Salvage Establishment or Salvage Broker that engages in the business of reconditioning, selling, distributing, or otherwise trafficking in distressed or salvaged food, cosmetics, and/or drugs.

(NO DISTRESSED OR SALVAGED MEDICAL DEVICES WITH THIS LICENSE.)

REQUESTED LICENSE TYPE:

☐ New (Initial) License

☐ Renewal License

☐ Amended License

☐ Salvage License Fee: \$400.00 (Non-refundable)

☐ Reinspection Fee: \$400.00 (Non-refundable)

A non-exempt salvage establishment/ broker requesting a reinstatement of a license that has been denied, suspended, or revoked, must resubmit a fee.

☐ Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00.

ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION; I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE, NOR AM I DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 432 OF THE HEALTH AND SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM. I FURTHER CERTIFY THAT I HAVE NOT BEEN CONVICTED OF A FELONY OR MISDEMEANOR THAT INVOLVES MORAL TURPITUDE.

Signature _____

Printed Name & Title _____

G OWNER

G PARTNER

G PRESIDENT

G CORPORATE DESIGNEE / AGENT

Date _____

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of company.

G **New** - Start Date: _____

G **Amended** -

G Change of Ownership	}	Enter the date the change was/is effective: Date: _____
G Change of Location		
G Change of Name		
G Other:		

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee. The effective date of change becomes the new anniversary date.

G **Renewal** - Renewals are valid for one year from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

G **Notice that firm is out of business.** Date: _____
Sign and date. Return for deletion from our records.

G **Not required to license/permit**
Reason: _____

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

(A license cannot be issued for manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence. ****Residence address and driver's license number are required of drug and/or device applicants ONLY.***)

Name & Title

*Residence Address

*Driver's License Number

BILLING INFORMATION:

Billed to: _____

Billing Address: _____

City, State, Zipcode: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

- ◆ A separate license/permit is required for each location. All licenses/permits **must** be displayed at the address licensed/ permitted. (Water Vending licenses may be kept at the home office.)
- ◆ The license/permit will be valid for one year from the new, renewal, or change date.
- ◆ The license/permit renewal application and fee are due each year **PRIOR TO** the anniversary date. This office must be advised of any changes of ownership, name, or address 30 days **PRIOR TO** the change, as this will change the anniversary date. **Please note that it is the responsibility of the license/permit holder to remit the renewal fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license/permit will be issued.**
- ◆ For assistance in completing this application, call (512) 719-0246.
- ◆ Please address any correspondence to: Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM

LICENSE/PERMIT HOLDER INFORMATION: Complete the required ownership information. ***Residence address and driver's license number are required of drug and/or device applicants ONLY.** Attach a separate sheet of paper if needed.

Legal name of company must be identical to the name on your State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. The State Tax number and Outlet number **MUST** be completed before a Retail permit will be issued.

Name

Tax Payer ID # / Charter #

Outlet #

Mailing Address of Licensed Establishment

City and State

Zip

Check One - G Sole Owner / Proprietorship

G Partnership

G Association

G Corporation

G SOLE OWNER / PROPRIETORSHIP - Name, *Residence Address, and *Drivers License Number of the Proprietor

Name

*Residence Address

*Drivers License Number

G PARTNERSHIP - Names, *Residence Addresses, and *Drivers License Numbers of Managing Partners

Name

*Residence Address

*Drivers License Number

Name

*Residence Address

*Drivers License Number

G ASSOCIATION - Names of Principals, *Residence Addresses, and *Drivers License Numbers of Managers

Name

*Residence Address

*Drivers License Number

Name

*Residence Address

*Drivers License Number

G CORPORATION - Provide the Following Information:

Name of Corporation

Date and Place of Incorporation

President's Name

*Residence Address

*Drivers License Number

Officer's Name

*Residence Address

*Drivers License Number

Officer's Name

*Residence Address

*Drivers License Number

Name of Registered Agent

*Residence Address

Telephone Number